

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

5. Lease Designation and Serial No.

Fee

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

8. Farm or Lease Name

Emory C. Smith

9. Well No.

#1

10. Field and Pool, or Wildcat

~~Cedar Rim~~ *undesigned*11. Sec., T., R., M., or Bk.
and Survey or Area

Sec. 16, T3S, R7W USM

12. County or Parrish 13. State
Duchesne Utah

1a. Type of Work

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. Type of Well

Oil
Well ☒Gas
Well ☐

Other

Single
Zone ☐Multiple
Zone ☐

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 17675 Salt Lake City, Utah 84117

4. Location of Well (Report location clearly and in accordance with any State requirements.)*

At surface

SW/4 NE/4 Sec. 16 1695' FNL & 2067' FEL

At proposed prod. zone

14. Distance in miles and direction from nearest town or post office*

16 miles West of Duchesne, Utah

15. Distance from proposed*

location to nearest
property or lease line, ft.

(Also to nearest drlg. line, if any)

1695'

16. No. of acres in lease

17. No. of acres assigned
to this well

640

18. Distance from proposed location*
to nearest well, drilling, completed,
or applied for, on this lease, ft.

19. Proposed depth

11,500'

20. Rotary or cable tools

Rotary

21. Elevations (Show whether DE, RT, GR, etc.)

6589' GR

22. Approx. date work will start*

When Approved

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
13 13/4"	10 3/4"	32.75#	650'	circ. to surf. w/Glass "G" w/2% CaCl ₂
9 7/8"	7 5/8"	29.7#	8600'	" "
6 1/2"	5"	15#	3200'	production liner
	2 7/8"	6.5#	11,500'	tubing

Amoco Production Company proposes to drill the subject well to develop Green River and Wasatch Reserves, said well to be drilled in accordance with the Order issued in Cause No. 140-6.

"See Attachments"

APPROVED BY THE DIVISION
OF OIL, GAS, AND MINING
DATE: 4-23-80
BY: *M. J. Menden*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout prevention program, if any.

24.

Signed

M. J. Menden

Title Dist. Admin. Supervisor

Date 4/7/80

(This space for Federal or State office use)

Permit No.

43-013-30528

Approved Date

APR 16 1980

Approved by
Conditions of approval, if any:

Title

Date

DIVISION OF
OIL, GAS & MINING

*See Instructions On Reverse Side

ATTACHMENT TO FORM OGC-1a

Emory C. Smith No. 1

1. Geologic name of the surface formation: Tertiary

2. Estimated tops of geological markers:

Green River	5000'
Wasatch	8310'
Pay	9560'

3. Estimated depths at which oil, gas, water or other mineral-bearing formations may be encountered.

See Item #2 above

4. Casing Program: See Form OGC-1a, Item #23

5. Operators minimum specifications for pressure control equipment are explained on attached schematic diagram. Testing of such is to be performed daily and noted on the IADC Daily Drilling Report. After running surface casing and prior to drilling out, BOP and other pressure equipment will be tested to the full working pressure rating as shown on the attached diagram. Thereafter, the BOP will be checked daily for mechanical operations only and will be noted on the IADC Daily Drilling Report.

6. Mud Program:

0 - 600'	Native, 8.3-8.5#/gal. mud
600' - TD	Low solid, non-dispersed, 8.5-9.0#/gal. Viscosity as required to clean hole. Bulk and sack barite to be maintained on location.

7. Auxiliary Equipment:

(a) Kelly Cock, (b) No bit floats (c) sub with full opening valve. 3" choke manifold with remote control choke (d) monitor system on pit level

8. Testing Program:

Two drill stem tests are to be conducted in the Green River Formation and two in the Wasatch.

Logging Program:

Dual Induction	Surface to Total Depth
CNL-FDC w/GR	" " "
BHC/GR w/Caliper	" " "
GR	0 - 600'

Coring Program:

Cores will be taken at the discretion of Denver Exploration Division

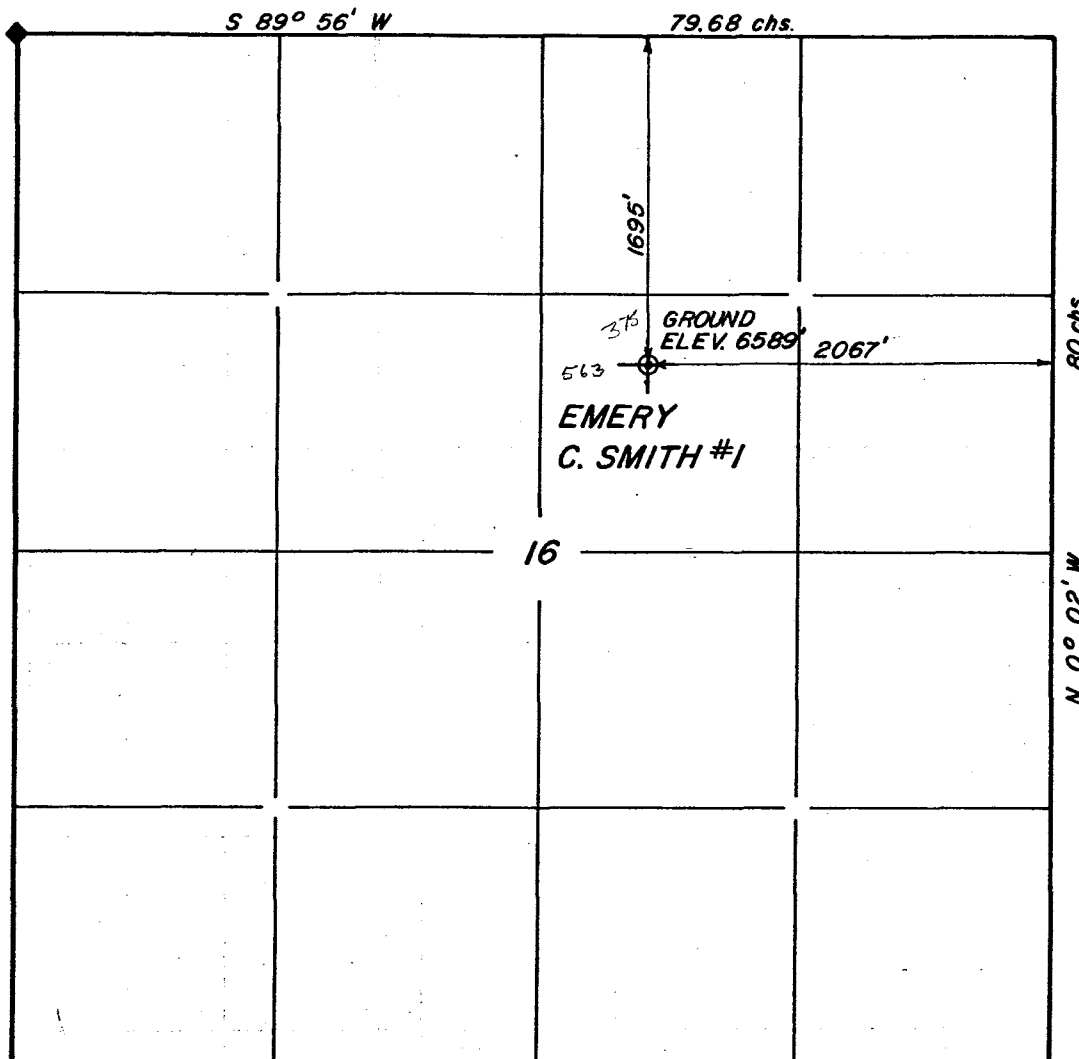
Stimulation Program:

To be determined by District Office upon completion of drilling operations

9. No abnormal temperatures, pressures or hydrogen sulfide gas is anticipated.
10. Anticipated starting date will be when approved and duration of operations will be approximately 90 days.

AMOCO PRODUCTION CO. OIL WELL LOCATION EMERY C. SMITH #1

LOCATED IN THE SW $\frac{1}{4}$ OF THE NE $\frac{1}{4}$ OF
SECTION 16, T3S, R7W, U.S.B. & M.



SCALE: 1"=1000'

LEGEND & NOTES

- ◆ CORNER RE-ESTABLISHED FROM BEARING TREES.

THE GENERAL LAND OFFICE PLAT WAS USED FOR REFERENCE AND CALCULATIONS.

THE BASIS OF BEARINGS FOR THIS SURVEY WAS DETERMINED FROM SOLAR OBSERVATIONS.

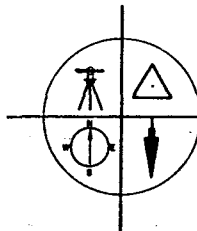
$\frac{1}{2}$ "X24" REBAR REFERENCE POINTS WERE SET AT 300' IN EACH OF THE CARDINAL DIRECTIONS WITH ELEVATIONS AS FOLLOWS:

NORTH 6599.5
EAST 6613.0
SOUTH 6582.5
WEST 6578.0

SURVEYOR'S CERTIFICATE

I hereby certify that this plat was prepared from field notes of an actual survey performed by me, during which the shown monuments were found or established.

Jerry D. Allred
Jerry D. Allred, Registered Land
Surveyor, Cert. NO. 3817 (Utah)



JERRY D. ALLRED & ASSOCIATES
Surveying & Engineering Consultants

121 North Center Street
P.O. Drawer C
DUCHESNE, UTAH 84021
(801) 738-5352

EXHIBIT BOP-5000
MINIMUM BLOW-OUT PREVENTER REQUIREMENTS
5,000 psi W.P.

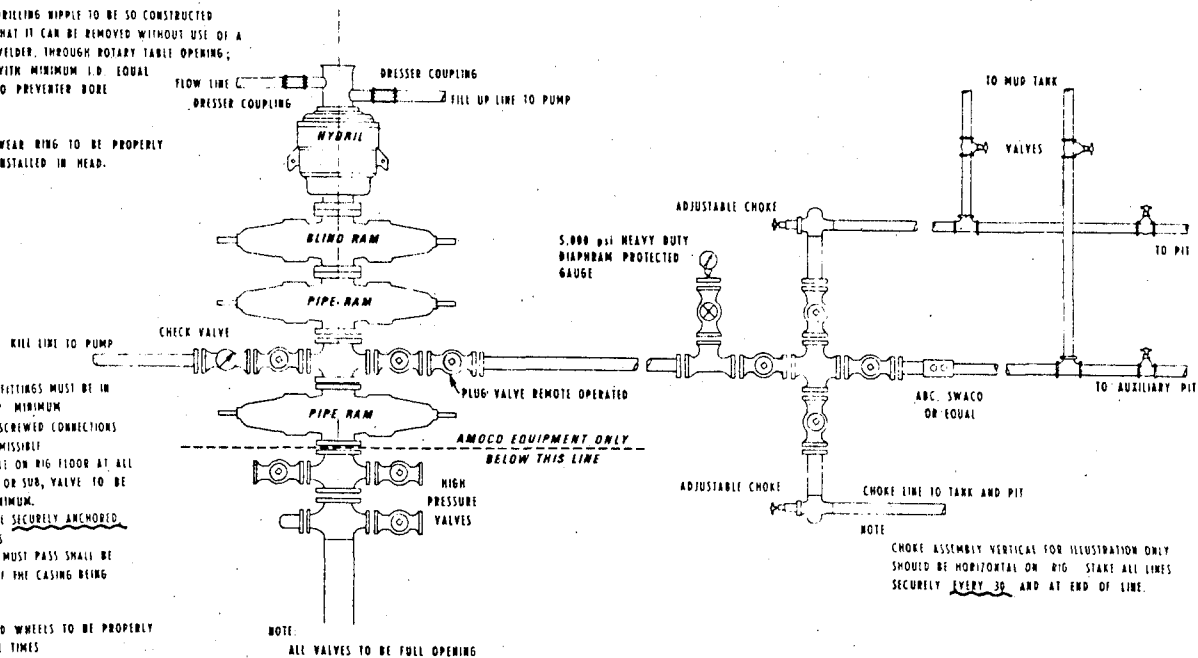
NOTE

1. DRILLING RIPLE TO BE SO CONSTRUCTED THAT IT CAN BE REMOVED WITHOUT USE OF A WELDER, THROUGH ROTARY TABLE OPENING, WITH MINIMUM I.D. EQUAL TO PREVENTER BORE

2. WEAR RING TO BE PROPERLY INSTALLED IN HEAD.

NOTE

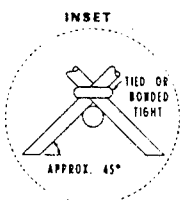
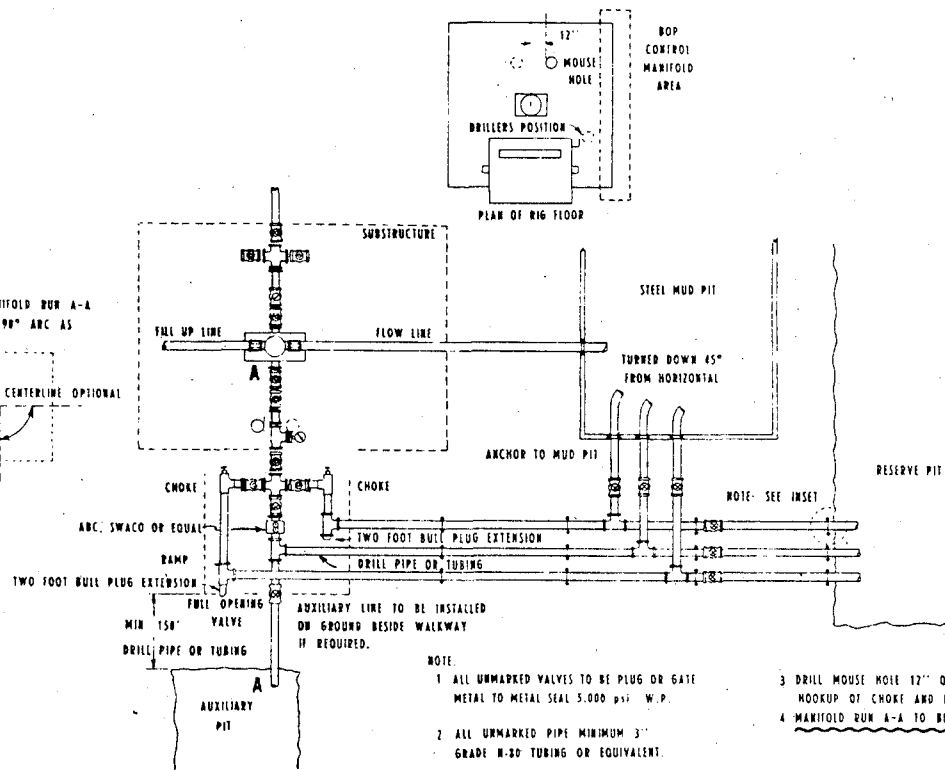
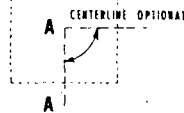
1. BLOW-OUT PREVENTERS AND ALL FITTINGS MUST BE IN GOOD CONDITION 5,000 psi W.P. MINIMUM
2. ALL FITTINGS TO BE FLANGED, SCREWED CONNECTIONS DOWNSTREAM FROM CHOKES PERMISSIBLE
3. SAFETY VALVE MUST BE AVAILABLE ON RIG FLOOR AT ALL TIMES WITH PROPER CONNECTION OR SUB. VALVE TO BE FULL BORE 5,000 psi W.P. MINIMUM.
4. ALL CHOKES AND KILL LINES TO BE SECURELY ANCHORED, ESPECIALLY 190S OF CHOKES LINES
5. EQUIPMENT THROUGH WHICH BIT MUST PASS SHALL BE AS LARGE AS INSIDE DIAMETER OF THE CASING BEING DRILLED THROUGH
6. KELLY COCK ON KELLY.
7. EXTENSION WRENCHES AND HAND WHEELS TO BE PROPERLY INSTALLED AND BRACED AT ALL TIMES
8. RIG FLOOR BLOW-OUT PREVENTER CONTROL TO BE LOCATED AS CLOSE TO DRILLERS POSITION AS FEASIBLE
9. BLOW-OUT PREVENTER CLOSING EQUIPMENT TO INCLUDE 80 GALLON ACCUMULATOR, TWO INDEPENDENT SOURCES OF PUMP POWER ON EACH CLOSING UNIT INSTALLATION, AND MEET ALL IADC SPECIFICATIONS



NOTE
CHOKES ASSEMBLY VERTICAL FOR ILLUSTRATION ONLY SHOULD BE HORIZONTAL ON RIG. STAKE ALL LINES SECURELY EVERY 30' AND AT END OF LINE.

NOTE

DIRECTION OF MANIFOLD RUN A-A OPTIONAL WITHIN 90° ARC AS SHOWN BELOW.



Amoco Production Company
STANDARD ASSEMBLY FOR FLUID
OPERATED TRIPLE BLOW OUT PREVENTER
5,000 psi W.P.

**** FILE NOTATIONS ****

DATE: April 16, 1980

Operator: Amoco Production Company

Well No: Emory C. Smith #1

Location: Sec. 16 T. 35 R. 7W County: Duchesne

File Prepared: ☒

Entered on N.I.D.: ☒

Card Indexed: ☒

Completion Sheet: ☒

☒ API Number 43-013-30528

CHECKED BY:

Geological Engineer: _____

Petroleum Engineer: M. J. Minder 4-23-80

Director: C-3: too close to gte-gte line

APPROVAL LETTER:

Bond Required: ☒

Survey Plat Required: ☐

Order No. 140-6 8/11/71

O.K. Rule C-3 ☐

Rule C-3(c), Topographic Exception/company owns or controls acreage within a 660' radius of proposed site ☐

Lease Designation see

Plotted on Map ☒

Approval Letter Written ☒

ltm

#3

nl

PT

April 28, 1980

Amoco Production Company
P.O. 17675
Salt Lake City, Utah 84117

Re: Well No. Emory C. Smith #1
Sec. 16, T. 3S, R. 7W.,
D Duchesne County, Utah

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with the Order issued in Cause No. 140-6 dated August 11, 1971.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

MICHAEL T. MINDER - Petroleum Engineer
Office: 533-5771
Home: 876-3001

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The RPI number assigned to this well is 43-013-30528.

Sincerely,

DIVISION OF OIL, GAS AND MINING

Michael T. Minder
Petroleum Engineer

/b:tm

cc:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 Section 16 1695' FNL & 2067' FEL		8. FARM OR LEASE NAME Emory C. Smith
14. PERMIT NO. 43-013-30528		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6589' GR		10. FIELD AND POOL, OR WILDCAT Unnamed
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 16, T3S-R7W USM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☒
☐

FULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Isolate-Perforate ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company proposes to isolate present Wasatch perforations, then perforate and acidize the 4th Wasatch interval,

TD: 12,525'

PBSD: 12,140'

Set Retrieval Bridge Plug @ 11,600' and dump 2 sx of sand on top of RBP.

Perforate the gross Wasatch interval 10,768'-11,532' w/2 JSPF,

Acidize w/20,000 gals of 15% MSR-100 HCL acid

Additives: 4 gal/1000 gal demulsifier

Corrosion inhibitor for 10-12 hrs.

APPROVED BY THE DIVISION
OF OIL, GAS, AND MINING

DATE: 2-10-81

BY: M. J. Munder

18. I hereby certify that the foregoing is true and correct

Original Signed By

SIGNED

G. W. CHAPMAN

TITLE

Administrative Supervisor

DATE

2-2-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT TRIPLICATE*
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center;">Fee</div>	
2. NAME OF OPERATOR <div style="text-align: center;">Amoco Production Company</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <div style="text-align: center;">P. O. Box 17675, Salt Lake City, Utah 81117</div>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <div style="text-align: center;">At surface SW/4 NE/4 Sec. 16, 1695' FNL & 2067' FEL</div>		8. FARM OR LEASE NAME <div style="text-align: center;">Emory C. Smith</div>	
14. PERMIT NO. <div style="text-align: center;">43-013-30528</div>		9. WELL NO. <div style="text-align: center;">#1</div>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <div style="text-align: center;">6589' GR</div>		10. FIELD AND POOL, OR WILDCAT <div style="text-align: center;">Unnamed</div>	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <div style="text-align: center;">Sec. 16, T3S, R7W USM</div>	
		12. COUNTY OR PARISH <div style="text-align: center;">Duchesne</div>	13. STATE <div style="text-align: center;">Utah</div>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)		Isolate Perforate	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company proposes to isolate present Wasatch perforations then perforate and acidize the 5th Wasatch interval.

TD = 12,525' PBTD = 11,588'
Casing: 7" SA 7415'; 4-1/2" SA 12,525'

Set retrievable bridge plug at 10,740'. Dump 2 sacks of sand on top of RBP.

Perforate the gross Wasatch interval 9829' - 10,682' with 2 JSPF.

Acidize with 44,000 gals. of 15% MSR-100 HCL acid with the following additives:
 4 gals./1000 gals (W-27) delmulisifier
 A-200 corrosion inhibitor for 10 - 12 hours.

**APPROVED BY THE DIVISION
OF OIL, GAS, AND MINING**

DATE: 2-27-81

BY: M. J. Minder

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Administrative Supervisor

DATE 2-16-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 2. NAME OF OPERATOR Amoco Production Company 3. ADDRESS OF OPERATOR P.O. Box 17675, Salt Lake City, UT 84117 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 Section 16, 1695' FNL & 2067' FEL 14. PERMIT NO. 43-013-30528 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6589' GR		5. LEASE DESIGNATION AND SERIAL NO. Fee 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Emory C. Smith 9. WELL NO. #1 10. FIELD AND POOL, OR WILDCAT Unnamed 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 16, T3S-R7W USM 12. COUNTY OR PARISH 13. STATE Duchesne Utah
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input checked="" type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <u>Isolate, perforate</u>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> <u>X</u>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) _____	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company proposes to isolate present Wasatch perforations then perforate and acidize 6th Wasatch interval.

TD: 15,525' PBTD: 11,588'

Casing: 7" SA 7415'; 4½" SA 12,525'

Set retrievable bridge plug at 9800'. Dump 2 sacks of sand on top of RBP.

Perforate the gross interval 8818' - 9672' with 2 JSPF.

Acidize with 29,000 gals of MSR - 100 15% HCL acid with the following additives:

4 gals/1000 (w-27) demulsifier
(A-200) corrosion inhibitor

**APPROVED BY THE DIVISION
OF OIL, GAS, AND MINING**

DATE: 3-27-81

BY: M. G. Munder

18. I hereby certify that the foregoing is true and correct

SIGNED Original Signed By G. W. CHAPMAN **TITLE** Administrative Supervisor **DATE** 2/27/81

(This space for Federal or State office use)

APPROVED BY _____ **TITLE** _____ **DATE** _____
CONDITIONS OF APPROVAL, IF ANY:

April 1, 1981

Amoco Production Co.
P.O. Box 17675,
Salt Lake City, Utah 84117

Re: SEE ATTACHED SHEET
(March 1981)

Gentlemen:

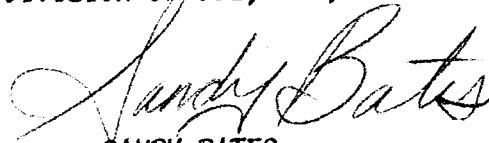
Our records indicate that you have ~~not~~ filed the Monthly drilling reports for the Month indicated above on ~~the~~ subject wells.

Rule C-22, General Rules and Regulations and Rules of Practice and Procedure, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGC-1B, (U.S. Geological Survey Form 9-331) "Sundry Notices and Reports on Wells", or on company forms containing substantially the same information. We are enclosing forms for your convenience.

Your prompt attention to the above will be greatly appreciated.

Yours truly,

DIVISION OF OIL, GAS, AND MINING



SANDY BATES
CLERK-TYPIST

ATTACHED SHEET

1. Well NO. #1
Sec. 16, T. 3S. R. 7W.
Duchesne County, Utah

2. Well NO. #1
Sec. 16, T. 4N. R. 8E.
Summit County, Utah

3. Well NO. #1A
Sec. 19, T. 3N. R. 8E.
Summit County, Utah

4. Well No. #1
Sec. 21, T. 4N. R. 8E.
Summit County, Utah

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 17675, Salt Lake City, Utah 84117</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>SW/4 NE/4 Sec. 16, 1695' FNL and 2067' FEL</u>		8. FARM OR LEASE NAME <u>Emory C. Smith</u>
14. PERMIT NO. <u>43-013-30528</u>		9. WELL NO. <u>#1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6589' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Unnamed</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> </div> <div style="width: 45%;"> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> </div> </div>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 16, T3S, R7W, USM</u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 		12. COUNTY OR PARISH <u>Duchesne</u>
18. STATE <u>Utah</u>		13. STATE <u>Utah</u>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Notice of current status ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please accept this sundry as Amoco Production Company's notice of current operations on the subject well. The month of March 1981 was spent performing normal completion operations, mainly swabbing and swab testing the well.

RECEIVED

APR 13 1981

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED Amoco Production CompanyTITLE Administrative SupervisorDATE 4/10/81

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 17675, Salt Lake City, Utah 84117		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 Sec. 16, 1695' FNL and 2067' FEL		8. FARM OR LEASE NAME Emory C. Smith
14. PERMIT NO. 43-013-30528		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6589' GR		10. FIELD AND POOL, OR WILDCAT Unnamed
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T3S, R7W, USM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company proposes to stimulate the open Wasatch perforations.

TD: 12,525'; PBTD: 11,588'

Casing: 9 5/8 SA 1,263'; 7" SA 7,415'; 4 1/2" SA 12,525'

Acidize the gross interval 9,254' - 9,504' with 9000 gallons of MSR-100 15% HCl Acid with the following additives:

4 gal/1000 gal demulsifier

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE: 5-1-81

BY: M. J. Minder

RECEIVED

APR 23 1981

18. I hereby certify that the foregoing is true and correct

SIGNED Original Signed By

D. S. DAVIDSON

TITLE District Administrative
SupervisorDIVISION OF
OIL, GAS & MINING
DATE 4/17/81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLICATE*
 (Other instructions on
 reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
 Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1695' FNL & 2067' FEL		8. FARM OR LEASE NAME Emory C. Smith	
14. PERMIT NO. 43-013-30528		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6589' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T3S, R7W USM	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		12. COUNTY OR PARISH Duchesne	
18. STATE Utah		13. STATE Utah	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
 FRACTURE TREAT ☐
 SHOOT OR ACIDIZE ☐
 REPAIR WELL ☐
 (Other) ☐

PULL OR ALTER CASING ☐
 MULTIPLE COMPLETE ☐
 ABANDON* ☐
 CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
 FRACTURE TREATMENT ☐
 SHOOTING OR ACIDIZING ☐
 (Other) ☐

REPAIRING WELL ☐
 ALTERING CASING ☐
 ABANDONMENT* ☐

REPORT OF OPERATIONS

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company advises that the following work has been performed on the subject well:

TD: 12,525'
 PBTD: 12,330'

Casing: 9 5/8" SA 1,263'; 7" SA 7,415';
 4 1/2" SA 12,525'

Perforated Intervals: 8,558' - 9,672' squeezed
 9,828' - 12,304' w/2 JSPF

Interval 10,470' - 10,682' treated w/paraffin solvent

Interval 10,172' - 10,434' and 9,828' - 10,116' treated w/paraffin solvent

Interval 10,768' - 11,532' restimulated and tested

RECEIVED
 NOV 25 1981

**DIVISION OF
 OIL, GAS & MINING**

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature] TITLE Administrative Supervisor

DATE Nov. 19, 1981

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. Fee	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117				8. FARM OR LEASE NAME Emory C. Smith	
4. LOCATION OF WELL (Report location clearly and in accordance with anti-trust requirements)* At surface 1695' FNL & 2067' FEL At top prod. interval reported below At total depth				9. WELL NO. #1	
14. PERMIT NO. 43-013-30528				DATE ISSUED 4-28-80	
15. DATE SPUDDED 7-6-80				16. DATE T.D. REACHED 11-17-80	
17. DATE COMPL. (Ready to prod.) 12-28-81				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6621' KB	
20. TOTAL DEPTH, MD & TVD 12,525'				21. PLUG, BACK T.D., MD & TVD 12,330'	
22. IF MULTIPLE COMPL., HOW MANY*				23. INTERVALS DRILLED BY Surf. to TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 9828' - 12,304' Wasatch				19. ELEV. CASINGHEAD	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-FDC; BHC-Sonic; DIL-SFL; FIL; Dipmeter; CBL-VDL; CBL; Directional				27. WAS WELL CORED Yes	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"		40'	26"	conductor, driven	
13 3/8"	54.5#	1263'	17 1/2"	2300 sx	
7"	23#	7415'	12 1/4"	1950 sx	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
4 1/2"	7150'	12,518'	1125 sx		
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 3/8"	9750'				
31. PERFORATION RECORD (Interval, size and number) 9828' - 12,304' 2 JSPF					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
33. PRODUCTION					
DATE FIRST PRODUCTION 12-28-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing			WELL STATUS (Producing or shut-in) Producing
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
	24			28	43
WATER—BBL.	GAS-OIL RATIO				
10	1535:1				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
650			28	43	10
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <i>Harold C. Rogers</i> TITLE Administrative Supervisor				DATE Feb. 5, 1982	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

No DST's

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Core #1	8558'	8604'	Cut 46' Rec. 44'	Uinta	Surface	
Core #2	10,146'	10,178'	Cut 35' Rec. 35'	Green River	4894'	
Core #3	11,010'	11,024'	Cut 14' Rec. 13'	Wasatch	8700'	
Core #4	11,057'	11,224'	Cut 33' Rec. 33'			

STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

March 2, 1982

Amoco Production Company
P. O. Box 17675
Salt Lake City, Utah 84117

Re: Well No. Emory C. Smith #1
Sec. 16, T. 3S, R. 7W
Duchesne County, Utah

Gentlemen:

This letter is to advise you that the Well Completion or Recompletion Report and Log for the above mentioned well is due and has not been filed with this office as required by our rules and regulations.

Please complete the enclosed Form OGC-3, in duplicate, and forward them to this office as soon as possible.

Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cari Furse

Cari Furse
Clerk Typist

RECEIVED

MAR 10 1982

DIVISION OF
OIL, GAS & MINING

SALT LAKE CITY DIST RECEIVED				
MAR 03 '82				
ROUTE AS FOLLOWS				
122		GRW		
130		LLS		
131		FES		
132		LEL		
133		GWC		
134		WRS		
135		MPC		
136		WLB		
137		PER	CONT	MAN
138		WLB	PLT	CONR



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

March 2, 1982

Amoco Production Company
P. O. Box 17675
Salt Lake City, Utah 84117

Re: Well No. Emory C. Smith #1
Sec. 16, T. 3S, R. 7W
Duchesne County, Utah

Gentlemen:—

This letter is to advise you that the Well Completion or Recompletion Report and Log for the above mentioned well is due and has not been filed with this office as required by our rules and regulations.

Please complete the enclosed Form OGC-3, in duplicate, and forward them to this office as soon as possible.

Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cari Furse
Clerk Typist



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

April 8, 1982

Amoco Production Company
P. O. Box 17675
Salt Lake City, Utah 84117

Re: Well No. M.A. Smith Oil Invest. #1
Sec. 16, T. 3S, R. 9W.
Wasatch County, Utah

✓ Well No. Emory C. Smith #1
Sec. 16, T. 3S, R. 7W.
Duchesne County, Utah

Gentlemen:

According to our records, a "Well Completion Report" filed with this office March 8, 1982 & February 5, 1982, from above referred to wells, indicates that the following electric logs were run: M.A. Smith- DIL-GR, CDL-CAL, Acoustilog, BHC-Sonic, Dipmeter, Spectralog; Emory C. Smith- CNL-FDC, BHC-Sonic, DIL-SFL, FIL, Dipmeter, CBL-VDL, CBL, Directional. As of todays date, this office has not received these logs: M.A. Smith- Dipmeter; Emory C. Smith- All logs listed above.

Rule C-5, General Rules and Regulations and Rules of Practice and Procedure, requires that a well log shall be filed with the Commission together with a copy of the electric and radioactivity logs.

Your prompt attention to the above will be greatly appreciated.

Sincerely,

DIVISION OF OIL, GAS AND MINING

Cari Furse

Cari Furse
Clerk Typist

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT **TRIPPLICATE***
 (Other instructions on
 reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
 Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>P & A</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u>	
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 	
3. ADDRESS OF OPERATOR <u>P.O. Box 17675 Salt Lake City, Utah 84117</u>		7. UNIT AGREEMENT NAME 	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1695' FNL & 2067' FEL</u>		8. FARM OR LEASE NAME <u>Emory C. Smith</u>	
14. PERMIT NO. <u>43-013-30528</u>		9. WELL NO. <u>#1</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>6621' KB</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 16, T3S, R7W</u>	
		12. COUNTY OR PARISH 18. STATE <u>Duchesne</u> <u>Utah</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
--	---

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input checked="" type="checkbox"/>
---	--

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco Production Company herewith advises that the subject well was plugged and abandoned on 9/30/82 in the following manner:

TD: 12,525' PBTD: 12,330'

Casing: 13 3/8" SA 1263'
 7" SA 7415'

Plugs: -Cmt. retainer SA 9780' & squeeze perforated interval w/338 sx cmt.
 -CIBP at 8500' w/2 sx of cmt above
 -4200' - 3600' w/100 sx
 -10 sx at surface w/dry hole marker
 -7" & 13 3/8" annulus filled w/cmt

(perforations: 9828' - 12,304'; 8558' - 9672')

(Verbal approval to Steve Mahaffey from R.J. Firth, UOG&MD, 9/30/82)

**APPROVED BY THE STATE
 OF UTAH DIVISION OF
 OIL, GAS, AND MINING**

DATE: 11/8/82
BY: [Signature]

18. I hereby certify that the foregoing is true and correct

SIGNED K W DEWEY **TITLE** Administrative Supervisor **DATE** 11/8/82

(This space for Federal or State office use)

APPROVED BY _____ **TITLE** _____ **DATE** _____
CONDITIONS OF APPROVAL, IF ANY:

** ADVISE DIVISION WHEN LOCATION IS READY FOR FINAL INSPECTION & ALSO AS TO
 DISPOSITION OF WATER WELL *See Instructions on Reverse Side
 LOCATION.

ORAL APPROVAL TO PLUG AND ABANDON WELL

Operator Amoco Production Company Representative Steve Mahaffey - 264-2200

Well No. Emory C. Smith #1 Location SW 1/4 NE 1/4 Section 16 Township 3 S. Range 7 W Ext. 262

County Duchesne Field Wildcat State Utah

Unit Name and Required Depth Fee Land Base of fresh water sands

T.D. 12,525' Size hole and Fill per sack " Mud Weight ' and Top #/gal.

Casing Size	Set At	Top of Cement	To Be Pulled	Plugging Requirements	
				From	To
<u>13 3/8"</u>	<u>1263</u>	<u>surface</u>	<u></u>	<u>1. Cement retainer @ approx. 9780 and squeeze</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u>perforated interval w/338 sacks cement.</u>	<u></u>
<u>Formation</u>	<u>Top</u>	<u>Base</u>	<u>Shows</u>	<u>2. CIBP @8500'± w/2 sacks of cement above.</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u>3. 4200' - 3600' 100 sacks (inside 7" casing.)</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u>4. 10 sacks @ surface w/marker.</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u>5. 7" X 13 3/8" annulus filled w/cement @ surface.</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

13 3/8" 1263 surface 1. Cement retainer @ approx. 9780 and squeeze

perforated interval w/338 sacks cement.

Formation Top Base Shows 2. CIBP @8500'± w/2 sacks of cement above.

3. 4200' - 3600' 100 sacks (inside 7" casing.)

4. 10 sacks @ surface w/marker.

5. 7" X 13 3/8" annulus filled w/cement @ surface.

REMARKS

DST's, lost circulation zones, water zones, etc.,

Wasatch perms. presently open 9828' - 12304' (selectively perforated). Perforations

8558' - 9672' (squeezed off).

Approved by R. J. Firth Date 9/30/82 ✓ Time a.m. p.m.